

APPLICATION FOR EXAMINATION FOR COSMETOLOGY ESTHETICS, OR ELECTROLOGY INSTRUCTOR LICENSE

State Form 45245 (R3 / 9-01)

Approved by State Board of Accounts, 2001

FEE: \$15.00

Indiana Professional Licensing Agency

302 W. Washington St., Rm. E034
Indianapolis, IN 46204-2246

* Your Social Security number is being requested by this agency in accordance with IC 4-1-8-1. Disclosure is MANDATORY. Social Security numbers are made available to the Indiana Department of Revenue.

INSTRUCTIONS: *Submit Instructor examination fee with application.*

Attach a photograph.

Candidates shall be advised of license fee with notification of passing the examination.

Check one:						Social Security number *											
<input type="checkbox"/> Cosmetology						<input type="checkbox"/> Esthetics						<input type="checkbox"/> Electrology					
PART A - IDENTIFYING INFORMATION (to be completed by applicant)																	
First name						M.I.		Last name						Maiden name (<i>if applicable</i>)			
Age						Date of birth (<i>month, day, year</i>)						Telephone number ()					
Permanent mailing address (<i>number and street</i>)									City								
State						ZIP code						County					
Cosmetology License Number:									Date of expiration (<i>month, day, year</i>)								
Electrologist License Number:									Date of expiration (<i>month, day, year</i>)								
Esthetician License Number:									Date of expiration (<i>month, day, year</i>)								
PART B - PRELIMINARY EDUCATION																	
Circle the number of years completed										Received GED?				If Yes, date received (<i>month, year</i>)			
1 2 3 4 5 6 7 8 9 10 11 12										<input type="checkbox"/> Yes <input type="checkbox"/> No							
Name of grade school																	
Address of grade school																	
Dates attended (<i>month, year</i>) From: To:									Date graduated (<i>month, year</i>)								
Name of high school																	
Address of high school																	
Dates attended (<i>month, year</i>) From: To:									Date graduated (<i>month, year</i>)								
PART C - PRACTICE																	
I have actively practiced cosmetology, esthetics, or electrology in a salon from _____ to _____ <div style="text-align: center;"><small>Month, day, year</small> <small>Month, day, year</small></div> at _____; _____; <div style="text-align: center;"><small>Name of salon</small> <small>Address of salon</small></div> _____; _____. <div style="text-align: center;"><small>Salon license number</small> <small>Name of owner / manager of salon</small></div>																	
PART D - INSTRUCTOR TRAINING																	
I have completed _____ of instructor training in a cosmetology school from _____ to _____ <div style="text-align: center;"><small>Months</small> <small>Month, day, year</small></div> _____ at _____; <div style="text-align: center;"><small>Month, day, year</small> <small>Name of school</small></div> _____; _____. <div style="text-align: center;"><small>Address of school</small> <small>School license number</small></div>																	
Name of school official																	

PART E - STATEMENT / NOTARY CERTIFICATE

Have you ever committed an act for which you could be disciplined under IC 25-8-14?

☐ Yes ☐ No

If the answer is Yes, please describe the act on a separate sheet and attach to this application.

I certify that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying or for disciplinary action against the license which may be issued.

Signature of applicant

STATE OF _____

COUNTY OF _____

} SS:

Subscribed and sworn to before me, this _____ day of _____, 20_____.

Signature of Notary Public

County of residence

Typed or printed name of Notary Public

Date commission expires

PART F - AFFIDAVIT OF PRACTICE

This part to be completed by an individual having knowledge of applicant's active practice of cosmetology, esthetics, or electrology in a salon.

Name of applicant

License number

Name of salon

Address of salon

Salon license number

Date of expiration (*month, day, year*)

Name of owner / manager of salon

Dates of experience (*month, day, year*)

From:

To:

Please verify and describe the applicant's active practice of cosmetology, esthetics, or electrology

I swear and affirm that the above statements are true and correct to the best of my knowledge.

Signature of owner / manager

Printed name of owner / manager

STATE OF _____

COUNTY OF _____

} SS:

Subscribed and sworn to before me, this _____ day of _____, 20_____.

Signature of Notary Public

County of residence

Typed or printed name of Notary Public

Date commission expires

PART G - TRANSCRIPT OF INSTRUCTOR TRAINING *

** Instructor training must be subsequent to active practice of cosmetology for at least six (6) months in a cosmetology salon; active practice as an electrologist for at least one (1) year in a cosmetology or electrology salon; or active practice as an esthetician for at least one (1) year in a cosmetology or esthetician salon.*

Date of enrollment (month, day, year)

Date of completion (month, day, year)

Total Hours**Actual Practice Hours**

_____ Orientation and review of the pertinent curriculum
_____ Introduction to teaching
_____ Course outline and development
_____ School administration
_____ Assisting in the clinic and theory classrooms (*Teaching*)
_____ Practice teaching in the clinic and theory classrooms (*Teaching*)
_____ TOTAL HOURS

_____ Orientation and review of the cosmetology curriculum
_____ Introduction to teaching
_____ Course outline and development
_____ School administration
_____ Assisting in the clinic and theory classrooms (*Teaching*)
_____ Practice teaching in the clinic and theory classrooms (*Teaching*)
_____ TOTAL ACTUAL PRACTICE HOURS

Signature of school official

Date signed (month, day, year)

I do hereby certify and declare the transcript of training to be a correct and accurate record of the student enrolled at the school of cosmetology named below, and meets the requirements of the State Board of Cosmetology Examiners.

Printed name of student

Signature of school official

Name of cosmetology school

Printed name of school official

STATE OF _____

COUNTY OF _____

} SS:

Subscribed and sworn to before me, this _____ day of _____, 20_____.

Signature of Notary Public

County of residence

Typed or printed name of Notary Public

Date commission expires

ATTACH A PHOTOGRAPH THAT IS AT LEAST
2" X 3" IN SIZE TO THE AREA BELOW.

